

218952

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Cancel Class C Taxi Certificate from
Bashir Antonio Adili dba Charleston Style Limo
Service

RECEIVED

SEP - 4 2009

T.T.W.W.W

(Please type or print)

Submitted by: Bashir A. Adili

Address: *1734 Central Park Rd
*Charleston SC 29412

Telephone:

*843-860-0009

Fax:

*843-737-4480

Other:

843-860-0078

Email:

*

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Request for Cancellation of Certificate

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

RECEIVED
SEP - 4 2009
ORS
T.T.W./W/W

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE:

09-04-09

Please consider this a request to cancel my:



Class C Taxi Certificate



Class A Restricted Certificate



Class C Charter Certificate



Class C Charter Bus Certificate



Non-Emergency Certificate



Class E Household Goods Certificate



Class E Hazardous Wastes Certificate

RECEIVED

PSC SC
DOCKETING DEPT.

My Certificate Number is 7751-A

Bashir Antonio Adili
(Name of Company)

DBA Charleston Style Limo Service
(If applicable)

*1734 Central Park RD
(Street Address)

*P.O. Box 20213 Charleston 29413
(Mailing Address, if different from Street Address)

*Charleston SC 29412
(City, State, Zip Code)

*Charleston SC 29413
(City, State, Zip Code)

*843-860-0009
(Telephone Number)

*
(Signature)

*Owner
(Title)